



EMPLOYEE ASSISTANCE PROGRAM (EAP)

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2004

We keep our members' financial and health information private as required by law, accreditation standards and our own policies. This Notice explains your rights, our legal duties and our privacy practices.

Your Financial Information

We collect and use several types of financial information to carry out EAP activities. This includes information that you give us verbally or on EAP participation forms, such as your name, address, age, dependents, and employment information.

We use physical, technical, and procedural methods to protect your private information. We share it only with our employees; affiliates or others who need it to provide EAP service, to do EAP business, or for other legally allowed or required purposes.

Your Health Information

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We collect, use and communicate information by and about you for health care treatment, payment and operations, or when we are allowed or required by law to do so.

For Treatment: We use and disclose information about you for treatment, for example to make referrals for ongoing care or to connect you with other resources available in the community.

For Payment: We use and disclose information about you to pay claims for EAP services you receive through your plan. For example, we may give information to a doctor's office to confirm your benefits, or we may ask a provider for details about your treatment so that we may review and pay the claim for your care.

For Health Care Operations: We use and disclose information about you for our operations. For example, we may use information about you to review the quality of care and services you receive, or to provide you care coordination services.

If you are in a group health plan, we may share certain aggregate information with your employer or other organizations that help pay for your membership in the plan, so that the plan sponsor can manage the plan. This does not include any individual identifying information. Plan sponsors that receive this information are required by law to have controls in place to protect it from improper uses.

To Your Family or Person Designated by You: We may disclose information about you, with your verbal permission and in circumstances where it is impractical to get your written permission, to a family member or other person designated by you to the extent necessary to help with your care. We may use or disclose your name, location and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

Before we disclose your information to a person involved in your care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your information based upon our professional judgment or whether the disclosure would be in your best interest.

As Allowed or Required by Law: Information about you may be shared for oversight activities authorized by law; for judicial or administrative proceedings; to public health authorities; for law enforcement purposes; to coroners, funeral directors or medical examiners (about decedents); to avert a serious threat to health or safety; for specialized government functions; for workers' compensation purposes and to respond to requests for the Secretary, US Department of Health and Human Services.

Authorization: We will get your written permission before we use or share your protected health information for any other purpose, unless otherwise set forth in this notice. You may withdraw this permission at any time, in writing. We will then stop using your information for that purpose. However, if we have already used or shared your information based on your authorization, we cannot undo any actions we took before you withdrew your permission.

Your Rights

Under privacy regulations effective April 14, 2003, you have the right to:

- See or get a copy of information that we have about you (contained in the Designated Record Set) or ask that we correct your personal information that you believe is missing or incorrect. If someone else (such as your doctor) gave us the information, we will let you know so you can ask them to correct it.
- Ask us not to use your health information for payment or health care operations activities. We are not required to agree to these requests.
- Ask us to communicate with you about health matters using reasonable alternative means or at a different address, if communications to your home address could endanger you.
- Receive a list of disclosures of your health information that we make on or after April 14, 2003, except when:
 - You have authorized the disclosure;
 - The disclosure is made for treatment, payment or health care operations; or
 - The law otherwise restricts the accounting.

Potential Impact of Other Applicable Law

The HIPAA Privacy Rule generally does not “preempt” (or override) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, if any state privacy laws or other applicable federal laws provide for a stricter privacy standard, then we must follow the more strict state or federal laws.

Complaints

If you believe we have not protected your privacy, you can file a complaint with us, or with the Office for Civil Rights in the US Department of Health and Human Services. We will not take action against you for filing a complaint.

Copies and Changes

You have the right to receive another copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

We reserve the right to change this notice. A revised notice will apply to information we already have about you as well as any information we may receive in the future. We are required by law to comply with

whatever privacy notice is currently in effect. We will communicate any changes to our notice through subscriber newsletters, mail, and/or our website.

Contact Information

If you want to exercise your rights under this notice or if you wish to talk with us about privacy issues or to file a complaint, please contact an Employee Assistance Program Representative at 1-800-999-7222.